


AMOUNT DUE ON OR BEFORE 03/15/99: \$500 (IF DISCOUNTED, MINIMUM AMOUNT DUE IS \$500.00)

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000025178</b>					
1. Corporation Name <b>O.J. MULTITRADE COMPANY</b>					
Principal Place of Business 910 W AVE STE 300 MIAMI BEACH FL 33139			Mailing Address 910 W AVE STE 300 MIAMI BEACH FL 33139		
2. Principal Place of Business 21 1973 N.E. 147 TERRACE Suite, Apt. #, etc.		2a. Mailing Address 26 1973 N.E. 147 TERRACE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/18/1998	
22 City & State 23 NORTH MIAMI, FL		27 City & State 28 NORTH MIAMI, FL		4. FEI Number 65-0823837	
24 33181		29 33181		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 FL		30 FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code		7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
<b>SIGNATURE REQUIRED</b>					

**FILED**  
**Jul 29, 1999 8:00 am**  
**Secretary of State**

07-29-1999 90005 025 \*\*\*500.00

07-29-1999 90005 026 \*\*\*\*50.00

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DO NOT WRITE IN THIS SPACE

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